# FORM D

OMB APPROVAL

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number 3235-0076 April 30, 2008 Expires: Estimated average burden hours per response ...... 16.00

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### FORM D

### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Compliance 360 Series B Preferred Stock Issuance Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 🖾 Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: ■ New Filing □ Amendment BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Compliance 360, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) 1185 Sanctuary Parkway, Suite 250 678.992.0262 Alpharetta, GA 30004 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Provider of business compliance software Type of Business Organization □ other (please specify corporation ☐ limited partnership, already formed limited partnership, to be formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: 2000 ☑ Actual Feb (Enter two-letter U.S. Postal Service abbreviation for State: Jurisdiction of Incorporation or Organization:

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A	. BASIC IDE	NTIFICATION DA	TA (continu	ed)
2. Enter the information	requested for th	e following			
			d within the past five yea	rs;	
<ul> <li>Each beneficial ow</li> </ul>	ner having the	power to vote or dispos	e or direct the vote or dis	sposition of, 10	% or more of a class of equity securities
of the issuer;					• •
<ul> <li>Each executive offi and</li> </ul>	icer and director	of corporate issuers and	i of corporate general and	l managing part	mers of partnership issuers;
Each general and n	nanaging partne	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Christian, Gary			•		•
Business or Residence Add 1185 Sanctuary		nd Street, City, State, Zi te 250, Alpharetta, GA			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, McGraw, Steve					
Business or Residence Add					
1185 Sanctuary	Parkway, Suit	te 250, Alpharetta, GA	30004		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, Moore, Brian	, if individual)			,	
Business or Residence Add 3780 Mansell R		nd Street, City, State, Zip Alpharetta, GA 30022			
			<del> </del>		50 1 "
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner
Check Box(es) that Apply: Full Name (Last name first, Muir, Jeff		☐ Beneficial Owner	☐ Executive Officer	₩ Director	
Full Name (Last name first, Muir, Jeff Business or Residence Add	, if individual)		o Code)	<b>⊠</b> Director	
Full Name (Last name first, Muir, Jeff Business or Residence Add	, if individual) ress (Number ar rkway, Suite 19	nd Street, City, State, Zip 950, Atlanta, GA 30339	o Code)	☑ Director	
Full Name (Last name first, Muir, Jeff Business or Residence Add 400 Galleria Pa	ress (Number ar rkway, Suite 19	nd Street, City, State, Zip 950, Atlanta, GA 30339	o Code)	_	Managing Partner
Full Name (Last name first, Muir, Jeff Business or Residence Add 400 Galleria Pa Check Box(es) that Apply: Full Name (Last name first, Wallace, Russel Business or Residence Add	ress (Number ar rkway, Suite 19 Promoter if individual)	nd Street, City, State, Zi 950, Atlanta, GA 30339 Beneficial Owner	o Code) ☐ Executive Officer	_	Managing Partner
Full Name (Last name first, Muir, Jeff Business or Residence Add 400 Galleria Pa Check Box(es) that Apply: Full Name (Last name first, Wallace, Russel Business or Residence Add	ress (Number ar rkway, Suite 19 Promoter if individual) Il ress (Number ar wer Drive, Dav	nd Street, City, State, Zip 950, Atlanta, GA 30339  Beneficial Owner  and Street, City, State, Zip	o Code) ☐ Executive Officer	_	Managing Partner

400 Galleria Parkway, Suite 1950, Atlanta, GA 30339

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Director

☐ General and/or Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Fulcrum Ventures LLC

					B. IN	ORMA'	ΓΙΟΝ AΙ	BOUT O	FFERIN	G			
1. I	Has the issue	er sold or o	does the is:	suer intend	l to sell, to	non-accre	dited inves	stors in thi	s offering?			Yes □	No 🗷
				Answer	also in Ap	pendix, C	olumn 2, i	f filing und	ier ULOE.				
2.	What is the	minimum i	investmen	t that will l	oe accepte	d from any	individua	1?	••••••			\$0	
3. I	Does the off	fering pern	nit joint o	wnership o	of a single	unit?			***************************************			Yes □	No Ø
r p t	Enter the infremuneration or ag han five (5) lealer only.	n for solici ent of a br persons to	tation of poker or dea	urchasers aler registe are associa	in connect red with tl	ion with sa	iles of secu d/or with a	urities in the	e offering ates, list th	. If a persone name of	on to be lis the broke	ted is an a or dealer	. If more
Full N	lame (Last 1	name first,	if individu	ıal)									
Busin	ess or Resid	lence Addr	ress (Numb	per and Str	eet, City,	State, Zip (	Code)						
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Name	of Associat	ed Broker	or Dealer	_		•			- ·· <del>-</del>				
	in Which P k "All State											🗀 Al	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
			(Use bl	ank sheet.	OF CODY ST	nd use addi	itional con	ies of this	cheet ac n	ecessary)	· · · · · · ·		

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	and already exchanged.				
	Type of Security	_	Aggregate Offering Price	А —	mount Already Sold
	Debt	<u>\$</u>		\$	
	Equity	\$	2,200,000	\$	1,100,000
	☐ Common ☑ Preferred				
	Convertible Securities	\$		<u>\$</u>	
	Partnership Interests	\$		\$	*******
	Other	<u>\$</u>		\$	
	Total	\$	2,200,000	\$	1,100,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Pollar Amount of Purchases
	Accredited Investors		1		\$1,100,000
	Non-accredited Investors				
	Total (for filings under Rule 504 only)				
3.	Answer also in Appendix, Column 4, if filing under ULOE  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security	Γ	Oollar Amount Sold
	Rule 505	\$	<del></del>	\$	•
	Regulation A	\$		\$	· · ·
	Rule 504	\$	<del> </del>	\$	<u>.</u>
	Total	\$		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees (estimate)		X	\$	205,600
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (Specify finder's fees separately)			\$	
	· · · · · · · · · · · · · · · · · · ·			\$	250
	Other Expenses (identify) (Blue sky filing fee)		IXI	•	250

1 and to			_	E OF PROCE	(++	mmucu,
"adjusted	tal expenses furnished in resp	gate offering price given in response to Part C-Question onse to Part C-Question 4.1. This difference is the	he		<u>\$</u>	894,150
for each of the	ne purposes shown. If the amount	gross proceeds to the issuer used or proposed to be use ount for any purpose is not known, furnish an estimate. The total of the payments listed must equal adjuste C-Question 4 b. above	te			
gross process	200000000000000000000000000000000000000	o quisinoi no usoro.		Payments to Officers, Directors, & Affiliates		Payments to Others
Salaries	and fees		П	c	<b>□\$</b>	
					□ <u>\$</u>	
		tion of machinery and equipment		·	□ <u>\$</u>	
	_	ngs and facilities			□ <u>\$</u>	
Acquisi	~ .	ling the value of securities involved in this offering tha			<u></u>	
Pursuan	t to a merger)			\$	□\$	
Repaym	ent of indebtedness			\$	<b>⊠</b> \$	250,000
Working	g capital			\$	⊠ <u>s</u>	644,150
Other (s	pecify)			\$	□ <u>\$</u>	
Column	Totals			\$	⊠ <b>\$</b>	894,150
Total Pa	yments Listed (column totals a	ndded)		×\$	894,	150
		D. FEDERAL SIGNATURE  ed by the undersigned duly authorized person. If this r to furnish to the U.S. Securities and Exchange Com				
information furnish	ned by the issuer to any non-acc	credited investor pursuant to paragraph (b)(2) of Rule	502		request	or its starr, the
Issuer (Print or Typ		<u></u>	Da			<u>-</u>
Compliance 360, l	Inc.	Lan Ch	Ma	arch <u>9</u> , 2007		
Name of Signer (Pr	rint or Type)	Title of Signer (Print or Type)				
		Chief Operating Officer				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIG	GNATURE		
1.		0.252(c), (d), (e) or (f) presently subject t	o any of the disqualification provisions of such	Yes	No [X]
		See Appendix, Column 5, for	state response.		
2.	The undersigned issuer hereby und (17 CFR 239.500) at such times as		or of any state in which this notice is filed, a no	tice on F	orm D
3.	The undersigned issuer hereby und offerees.	ertakes to furnish to the state administrat	ors, upon written request, information furnished	by the is	suer to
4.	Offering Exemption (ULOE) of the		ons that must be satisfied to be entitled to the U d understands that the issuer claiming the available.		
			y caused this notice to be signed on its behalf by t	the under	rsigned
lssu	er (Print or Type)	Signature	Date		
Сот	npliance 360, Inc.	Day 7 Co	March _9_, 2007		
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)			

Chief Operating Officer

Gary Christian

## APPENDIX

		2	3						
		•				4		Disquali	
		_						Under	State
		l to sell to ccredited	Type of security and aggregate		ULOE (if yes, Attach Explanation of Waiver granted) (Part E-Item 1)				
		estors in	offering price						
	S	State	offered in state						
	(Part	B-Item 1)	(Part C-Item 1)						
1 1				Number of		,			
State	Yes	No		Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No
AL		110		101013	- Intount	THIVESTOR'S	Autodat	103	110
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<u> </u>		<u> </u>							
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CA									
co				· · ·	<del>                                     </del>				
CT									
DE	<del></del> ,		<u> </u>						
DC		†							
FL									
GA		X	Series B Preferred Stock \$1,100,000	1	\$1,100,000	0	0		X
ні									-
1D									
IL		†				<u></u>			· · ·
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